U.S. COAST GUARD ACTIVITIES NEW YORK CHANGE OF EMPLOYMENT APPLICATION

USCG Activities New York Prevention and Compliance 212 Coast Guard Drive Staten Island, NY. 10305



Main Office Phone: (718) 354-4280 Main Office Fax: (718) 354-4297 Satellite Office: (718) 442-9377 Satellite Fax: (718) 442-9377

| In order to gain a Change of Employment Letter, prior to the actual date of transit to the new work | the following information must be provided at the earliest possible date area. |
|---|--|
| Vessel's Full Proper Name: | Vessel's Official Number: |
| Date Scheduled to Depart: | Date Scheduled to Arrive: |
| Route to be traveled: | Oceans Lake, Bays and Sounds |
| Current Port of Departure: (Full address please) | New Port of Employment: (Full address please) |
| In addition to the above information, please fax/n | nail a copy of the following documents with this application. |
| 1) A copy of the vessel's Certificate of Document | ntation or State Registration. |
| 2) A copy of the Coast Guard Approval letter for | r this vessel's SOPEP |
| 3) A dry dock confirmation letter on company le | tter head confirming the following information: |

- b) Location of the last dry-docking.

a) Date the vessel was last dry-docked.

- c) Company that did the work on the vessel.
- d) A short description of the scope of work completed.
- The name of your company's representative at the last dry dock.
- A short statement from the vessel's repersentive stating that the vessel was inspected during the last dry-dock, that all necessary repairs were made, and that the vessel is in good sound (sea worthy) condition.

NOTE: The vessel's must have been dry docked within the last 36 months if going to a US Port, 18 months if going to a foreign port.

You may fax or mail this application with the associated documentation to the above address of fax number.

